

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 765476

(7)

1. Corporation Name

ROTARY CLUB OF FORT LAUDERDALE NORTH, FLORIDA, S
CHOLARSHIP FUND, INC.



Principal Place of Business

Mailing Address

2600 N ANDREWS AVE
C/O THOMAS J BARNARD ATTN
WILTON MANORS FL 33311

2600 N ANDREWS AVE
C/O THOMAS J BARNARD ATTN
WILTON MANORS FL 33311

3. Date Incorporated or Qualified

10/20/1982

3a. Date of Last Report

03/28/1995

4. FEI Number

592328033

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARNARD, THOMAS J
2600 N ANDREW S AVE
WILTON MANORS FL 33311

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME BARNARD, THOMAS J.
STREET ADDRESS 2600 N ANDREWS AVE.
CITY-ST-ZIP WILTON MANORS FL

11 TITLE D ☐ Change ☒ Addition
12 NAME RICHARD RONSKAVITZ
13 STREET ADDRESS 4719 NE 17TH AVE
14 CITY-ST-ZIP FT LAUDERDALE

TITLE VD ☐ DELETE
NAME MOORE, SHANE
STREET ADDRESS 2505 NE 15TH AVE.
CITY-ST-ZIP WILTON MANORS FL

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE STD ☐ DELETE
NAME MEEHAN, JERRY
STREET ADDRESS 6301 BAY CLUB DR.
CITY-ST-ZIP FT LAUDERDALE FL

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE PD ☐ DELETE
NAME STEWART, CHARLES A
STREET ADDRESS 1750 SW 22ND AVE
CITY-ST-ZIP MIAMI FL

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS 400001854454
44 CITY-ST-ZIP -06/06/96--01120--018

TITLE D ☐ DELETE
NAME RINGEL, WILLIAM R
STREET ADDRESS 105 LAKE EMERALD DR
CITY-ST-ZIP OAKLAND PARK FL

51 TITLE ***61.25 ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-96

Date

984 864 7899

Daytime Phone

CR2E037 (12/95)